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## \*BIBDATASHEET\*

CONFIRMATION NO. 5392

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/715,965	<b>FILING OR 371(c) DATE</b> 11/18/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> F-294
<b>APPLICANTS</b> James D. Ralph, Seaside Park, NJ; Thomas N. Troxell, Pottstown, PA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/001,531 11/30/2001 ABN <i>YES PR</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none PR</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/13/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>PR</i>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 19
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 51640				
<b>TITLE</b> Spacer device and insertion instrument for use in anterior cervical fixation surgery				
<b>FILING FEE RECEIVED</b> 450	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	